St. Catherine Hospital

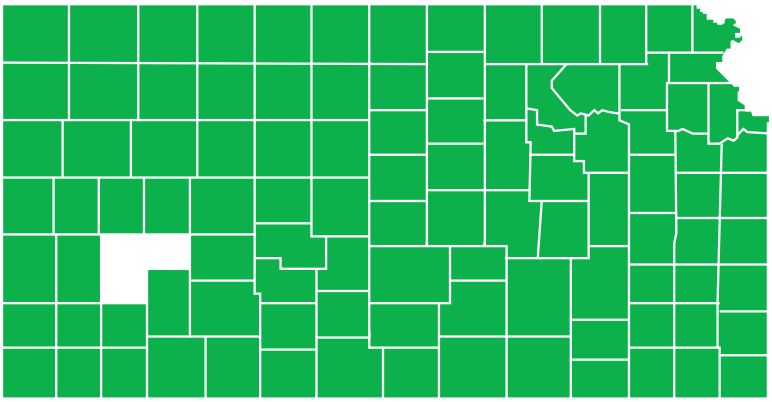
2022 COMMUNITY HEALTH NEEDS ASSESSMENT

centura

AT A GLANCE:

St. Catherine Hospital

AREA SERVED:
GARDEN CITY



Zip Codes: 67835, 67838, 67846, 67851, 67853

PRIORITIES:

Disease and Injury:
Suicides

Risk Behavior:
Youth Vaping

Risk Behavior:
Diabetes Prevention and Obesity

Access to Care:
Mental Health

Community Capacity Building: Food Security

WHY ARE THESE PRIORITIES IMPORTANT?

Disease and Injury: In Finney County, suicides and depression rates remain high.

Risk Behavior: Youth vaping is on the rise. Furthermore, the county is interested in increasing healthy living and active living activities to prevent obesity.

Access to care: Finney County has a healthcare provider shortage designation.

Community Capacity Building: Although food security has improved, the cessation of benefits and extra services during the COVID pandemic, means that this is likely to worsen again in 2022.

St. Catherine Hospital

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OUR MISSION, OUR VISION, AND OUR VALUES

Mission

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

Vision

Every community, every neighborhood, every life – whole and healthy.

Values

Compassion

Respect

Integrity

Spirituality

Stewardship

Imagination

Excellence

centura

Executive Summary

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by St. Catherine Hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as collaborative efforts with other organizations that share a mission to improve health. This report meets the requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a CHNA at least once every 3 years.

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. This process presents an opportunity for St. Catherine Hospital to fulfill our commitment to our organizational mission to "extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities." Our goals for this assessment are to move health forward, to build wholeness and flourishing communities.

INPUT OF PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS

St. Catherine Hospital collaborated closely with community leaders to develop our Community Health Needs Assessment process.

The Hospital conducted four Community Health Needs Assessment Advisory Subcommittee meetings with community-based organizations. Organizations were identified based upon their connection with the community, including those serving people who are medically underserved and at greater risk of poor health and those organizations with influence on overall health in the community. Stakeholders provided input in multiple meetings to rank and prioritize health issues, identify both community assets and gaps, and to identify strategies for the health priorities. The Thank You and Recognition section at the end of the document contains a list of public agencies and community organizations that collaborated with us in this process.

SERVICE AREA DEFINITION

To define St. Catherine Hospital's service area for the CHNA we followed a process focused on ensuring that the defined service area was inclusive of medically underserved, low-income and minority populations in the geographical areas from which the hospital draws its patients. We considered four factors:

- Opportunities to viably expand outreach of programs to medically underserved populations
- Inpatient admissions
- Coverage of the County by another Centura facility
- Opportunities for collaboration among facilities and with community-based organizations

PROCESS AND METHODS USED TO CONDUCT CHNA

QUANTITATIVE AND QUALITATIVE DATA COLLECTION:

We began the data collection process by selecting quantitative indicators for analysis. Community Commons, a population health indicator data platform, was utilized throughout the quantitative data collection process. This platform compiles data from the US Census, the Behavioral Risk Factor Surveillance System, the CDC, the National Vital Statistics System, and the American Community Survey, among others. Specific health indicator data were selected, including community demographic information, behavior and environmental health drivers and outcomes indicators, as well as coverage, quality, and access data. These indicators were selected because they most accurately describe the community in terms of its demographics, disparities, population, and distinct health needs. We engaged our community by presenting these quantitative data to inform the process of identifying and prioritizing significant health needs.

PRIORITIZATION PROCESS:

St. Catherine Hospital created a CHNA committee to review the qualitative and quantitative health data and prioritize health needs in our communities. This subcommittee was made up of both hospital staff and community stakeholders including representatives from the local public health department. We prioritized health needs in our community using the Centura Health prioritization method, adapted from the Hanlon Method for Prioritizing Health Problems. First, the CHNA committee rated each identified need on a scale of 1-4 (low – high) against the size of the problem and the seriousness of the problem. For the top health indicators, we scheduled subsequent meetings to collect information about that which is already happening, gaps related to each priority and public health qualitative data. Based upon these results, the committee identified the priorities upon which to focus.

PRIORITIZED DESCRIPTION OF HEALTH NEEDS AND POTENTIAL RESOURCES

Prioritized Need: Disease & Injury, Suicides

Suicides were identified as a community health need by the CHNA committee. Collectively, we aim to decrease the rates of suicide mortality and attempts for all individuals in Finney County. Key elements identified by the CHNA committee involve maximizing access to preventative and behavioral

health services, promoting mental health and stigma-reduction campaigns, and conducting ongoing community outreach and training around responding to signs of suicide.

Potential resources in the community identified included the following:

- The hospital provides funding to local communities to support suicide prevention initiatives focused on high-risk populations
- Zero Suicide is a key concept of the National Strategy for Suicide Prevention, a priority of the National Action Alliance for Suicide Prevention, and a project of the Suicide Prevention Resource Center. Zero Suicide is built on the foundational belief that suicide deaths of individuals under care within health and behavioral health systems are preventable, and has shown significant results at reducing suicide.

Prioritized Need: Risk Behavior, Youth Vaping

According to the US. Surgeon General and the U.S. Food and Drug Administration (FDA), E-cigarette/vapor product use is now considered an epidemic. While cigarette use has declined, new tobacco products, an e-cigarette/vapor products, are being introduced and marketed to youth. This has contributed to youth vaping trends rising in Finney County. The committee elevated the need to address this health priority by focusing on messaging campaigns, and elevating tobacco cessation programs. A Kansas 2020 survey also showed that "nearly nine out of ten current smokers start smoking by age 18, and 98% start by age 26. Youth tobacco use has negative health consequences including addiction and lifelong chronic disease. More than 60,000 Kansans currently under 18 years of age will ultimately die prematurely from smoking. Although we have seen a decline in the use of conventional cigarettes among Kansas youth, 5.8 percent of Kansas high school students still smoke, and emerging products including electronic cigarettes (e-cigarettes) highlight the continued need for youth tobacco control and prevention programs.

Potential resources in the community identified included the following:

The Kansas Tobacco Use Prevention Program (TUPP) provides resources and assistance to state and local partners for development, enhancement and evaluation of state and local initiatives to prevent death and disease from commercial tobacco use and secondhand smoke exposure. Priority areas include:

- Preventing the initiation of tobacco use among youth and young adults
- Supporting tobacco use and dependence treatment
- Eliminating exposure to secondhand smoke and e-cigarette aerosol
- Address tobacco-related health inequities

Prioritized Need: Risk Behaviors, Diabetes Prevention & Obesity

According to the 2022 Kansas Diabetes Report, one dollar out of every four in US health care costs is spent on caring for people with diabetes. People with diagnosed diabetes, on average, have medical expenditures about 2.3 times higher than what expenditures would be in the absence of diabetes. In 2020, approximately 1 in 9 (11.1%) Kansas adults reported ever being diagnosed with diabetes. That's almost 245,000 Kansans. Based on the American Diabetes Association diabetes risk test, an additional 42.4% of Kansans aged18 years and older without diabetes are at an increased risk of developing the disease. Diabetes is the sixth leading cause of death in Kansas.3 People with diabetes are more likely to have serious complications from COVID-19. In general, people with diabetes are more likely to have more severe symptoms and complications when infected with any virus.

Potential resources in the community identified included the following:

Multiple programs for diabetes prevention and management in Kansas provide options for people with prediabetes and diabetes. Some of these initiatives focus on populations at higher risk for developing diabetes. These programs include the National Diabetes Prevention Program (National DPP), Diabetes Self-Management Education and Support (DSMES), Kansas Department of Health and Environment (KDHE) 1815 Initiative, American Diabetes Association (ADA) 1705 Initiative, Special Diabetes Program for Indians (SDPI), and the Chronic Disease Risk Reduction Community Grant Program.

Prioritized Need: Access to care, Mental Health

Behavioral Health was the number one priority within our Community Health Needs Assessment process. The data which supported this prioritization included that for mental health (post-partum depression, days of poor mental health) and access to mental health services, substance abuse (smoking, alcohol consumption, liquor store access), and intentional injury (violent crimes, mortality via homicide and suicide, suicide hospitalizations). Data collected indicated this to be a significant barrier to addressing the health issue. Community members have difficulty accessing mental health services in a timely manner due to limited providers and limited coverage for services. Additionally, the focus on prevention and stigma reduction arose as areas for which there is a need to focus to address behavioral health well.

Potential resources in the community identified included the following:

- Identify braided fundings streams with behavioral health partners, the public health department, and law enforcement to support information-sharing across providers, patients, types and levels of services, sites and time frames
- Ability to expand clinical community linkages to help connect health care providers, community organizations, and the health department to improve patients' access to preventive and chronic care services
- Improving behavioral health service with Behavioral Health technician pilot program and expanding Integrated Behavioral Health in primary care clinics

Prioritized Need: Community Capacity Building, Food Security

Although food security has improved, the cessation of benefits and extra services during the COVID pandemic, means that this is likely to worsen again in 2022. The CHNA committee would like to continue existing efforts to ensure families have enough to eat. Healthy food access, a Social Determinant of Health, has also been identified as a priority for Centura Health as a health system serving much of Colorado and western Kansas. As we listened to our communities, we heard frequently the barriers people face related to meeting their basic needs and the impacts on people's health and well-being. As a large employer and a non-profit health system, can impact access to healthy, affordable foods as an anchor institution whose mission and vision includes our communities.

Potential resources in the community identified included the following:

- The hospital provides funding to local communities to support access to healthy food options focused on high-risk populations
- Centura Health will collaborate with key organizations to reduce statewide gaps between food access program eligibility and utilization

Our Services, History and Community

COMPASSIONATE HEALTH AND WELLNESS IN A HEALING ENVIRONMENT.

Exceptional care and extraordinary people — it's what makes St. Catherine Hospital different. Founded by the Dominican Sisters of Peace over 85 years ago, St. Catherine is the trusted leader of person-centered health, providing patients with whole person care; harmonizing mind, body, and spirit.

Through the vision of the Dominican Sisters, generations of Kansans have been served and are an important and healthier part of the fabric of Garden City and its surrounding area. Our caregivers are fueled by a purpose, united in a shared mission, and powered to serve others. As we live out that mission each day, we are committed to creating healthier and safer communities. A spirit of innovation, a legacy of care.

The Breast Center at St. Catherine Hospital

- National Accreditation Program for Breast Centers (NAPBC)

Primary Stroke Center

- Stroke Gold Achievement Award

Heartland Cancer Center

- Medical Oncology and Hematology accredited (QOPI) and Radiation Oncology accredited (ACR)partnership with Central Care Cancer Center and St. Catherine Hospital

Siena Medical Clinic/Centura Health Physician Group

- Largest collection of specialists in southwest Kansas, offering 11 specialty areas, access to outreach health and telemedicine, and featuring a full-service retail pharmacy

Plaza Medical Center

- The region's largest primary care clinic

Inpatient Behavioral Health Unit

- 10-bed department provides excellent staff and services for short-term hospitalization

Radiology Services

- ACR Accredited in CT, Mammography, Breast Ultrasound, 3D Mammography & MRI

Maternal Child Services

- Designated a Blue Distinction Center + for patient safety and costeffectiveness, a Baby Friendly site, and a High 5 for Mom and Baby

Hospital

- Seven bed, Level II Newborn Intensive Care Unit & dedicated C-Section Suite

Garden City Telegram's Best of the Best Award

Best Hospital & Best Place to Work for two years in a row

Needle-free blood draws for inpatients using the PIVO™ device from Velano

Vascular

Alternative to Opioid (ALTO) program

Recognized by Becker's as one of 332 hospitals with the lowest CAUTI rates


Leoti
Marienthal
96
Scott City
Dighton
Wichita County
Scott County
Lane County
83
23
Finney County
156
Kearny County
Deerfield
Garden City
Holcomb
50
Lakin
400
Pierceville
Ingalls
Cimarron
50
Gray County
Ensign
25
Montezuma
Ulysses
160
Haskell County
Copeland
23
Grant County
Sublette
Satanta
56
Moscow
Stevens County
Seward County
Plai
Kismet
Hugoton
83
54
51
Legend
CHNA Service Area
Affiliate Hospitals
Centura Health Hospitals
Ambulatory Surgery Center
Urgent Care
Neighborhood Health Center
Free-Standing ER
Emergency and Urgent Care
CHPG Sites

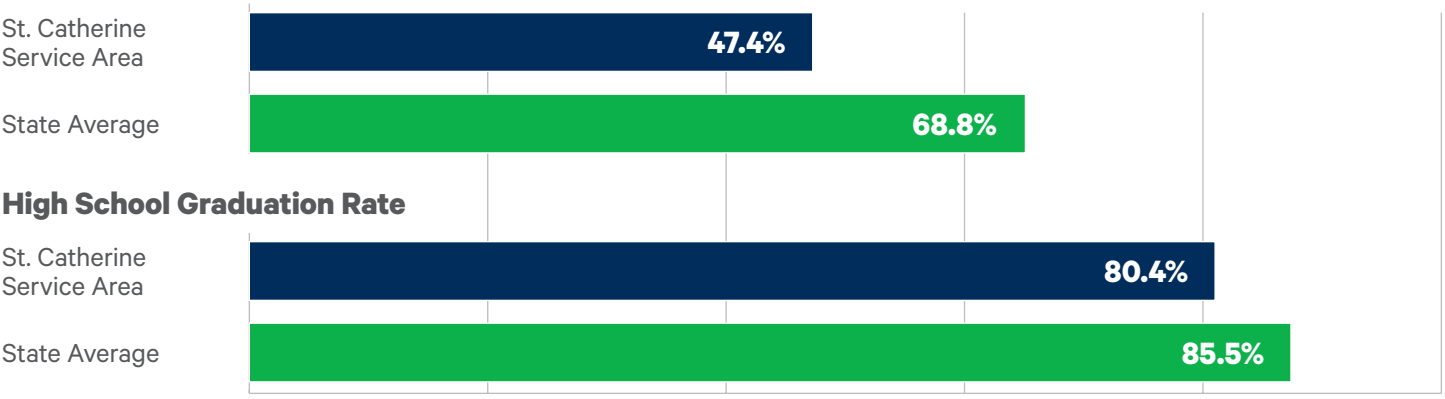
POPULATION DEMOGRAPHICS IN ST. CATHERINE HOSPITAL'S SERVICE AREA

Race

White 73% Black 2.9% Asian 4.6% Native American/Alaska Native 1%
Native Hawaiian/Pacific Islander 0% Other 15.6% Multiple races 3%

Ethnicity

Some College



High School Graduation Rate

Limited English Proficiency

10.8%

St. Catherine Hospital Service Area

2% KS

Ratio of households in the 80th percentile to income at the 20th percentile

3.6

St. Catherine Hospital Service Area

4.4 KS

Unemployment Rate

3.6%

St. Catherine Hospital Service Area

4.2% KS

Our Approach

INPUT OF PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS

The hospital convened a CHNA committee, which consists of community leaders representing health care services, and other community leaders advocating for systemic change. The CHNA committee solicited and considered input from individuals and organizations representing our community's broad interest to assess our counties' needs. The Committee:

- Reviewed the quantitative data and provided insight;
- Prioritized health needs using the Centura Health Prioritization Method

STAGE 1: SCANNING THE DATA LANDSCAPE

Using the 2019 Community Health Assessment as a template, data collection of existing measures commenced in November 2021 and spanned until January 2022. The Community Health team pulled existing data on 10 overarching areas including: population, the economy and employment, education, the built environment, physical environment, social factors, health behaviors and conditions, mental health, access, utilization and quality of health care, population health outcomes, as well as leading causes of death. Additional measures in each of these areas that were linked to the social determinants of health were also collected and categorized by the five Healthy People 2030 SDOH domains. Existing data came from a variety of sources including the U.S. Census Bureau, the Center for Disease Control and Prevention's (CDC), and Behavioral Risk Factor Surveillance System (BRFSS). Limitations involved lack of real-time data and limited data sets available for county-level data.

STAGE 2: DELVING INTO THE DATA TO IDENTIFY SIGNIFICANT HEALTH NEEDS

Once the data indicators were compiled for our community, the CHNA committee reviewed the data to identify and prioritize community health needs. They identified the most pressing needs in the community based on health indicators, health drivers, and health outcomes.

Our committee defined a health need as a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome has not yet arisen as a need. To fit the definition of a health need, the need must be confirmed by more than one indicator and/or data source and must be analyzed according to its performance against the state benchmark of Healthy People 2030.

STAGE 3: PROCESS TO PRIORITIZE HEALTH NEEDS

The Centura Health prioritization method was adapted from the *Hanlon Method for Prioritizing Health Problems*. First, members of the hospital CHNA committee individually rated each identified need against the size of the problem, the seriousness of the problem, and how much the need aligned with Centura Health and the community's existing efforts. The criteria rating rubric for this step is shown below:

St. Catherine Hospital CHNA Prioritization Method: Adjusted Hanlon Method

Size of Health Problem	Seriousness of Health Problem	Alignment
High Priority	Very Serious	Alignment with 4 of the following: city plans, community groups, hospital and system strengths
Mid-High Priority	Relatively Serious	Alignment with 3 of the following: city plans, community groups, hospital and system strengths
Mid-Low Priority	Serious	Alignment with 2 of the following: city plans, community groups, hospital and system strengths
Low Priority	Moderately Serious	Alignment with 1 of the following: city plans, community groups, hospital and system strengths

Once our community's health needs were rated by the criteria above, we used the 'PEARL' test to determine the feasibility of addressing those needs. The questions we considered in the PEARL test included:

- Propriety - Is a program for the health problem suitable?
- Economics - Does it make economic sense to address the problem? Are there economic consequences if the problem is not carried out?
- Acceptability - Will a community accept the program? Is it wanted?
- Resources - Is funding available or potentially available for a program?
- Legality - Do current laws allow program activities to be implemented?

In addition to the PEARL test questions, we also considered Centura Health's Mission and Values when considering health needs to prioritize and address. The final question we considered was whether our activities and strategies to address the health need align with our organizational mission to extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

The hospital identified the following priority areas that we can effectively impact:

- Disease and Injury: Suicides
- Risk Behaviors: Youth Vaping
- Risk Behaviors: Diabetes Prevention & Obesity
- Access to Care: Mental Health
- Community Capacity Building: Food Security

Engaging our Community to Understand and Act

We actively engaged our valued community members throughout the CHNA process. We collected significant data from individuals and organizations in the community representing those who are traditionally underserved and/or members of more vulnerable communities more likely to experience health inequities. We determined it was best to use existing qualitative data rather than asking communities similar questions more than one time due to the thorough nature of the work by our public health partners.

Health in Our Community

ST. CATHERINE HOSPITAL

IDENTIFIED HEALTH NEEDS

A community health need is defined as either:

- A poor health outcome and its associated health drivers
- A health driver associated with a poor health outcome, where the outcome itself has not yet arisen as a need

We used a specific set of criteria to identify the health needs in our communities. Specifically, we sought

to ensure that the identified needs fit the above definition, and that the need was confirmed by more than one indicator and/or data source. Finally, we determined that the indicators related to the health need performed poorly against either the Kansas state average or the Healthy People 2030 benchmark. We utilized the Centura Health Prioritization Method to determine our prioritized needs.

The health needs identified in this CHNA include:

- Disease and Injury: Suicides
- Risk Behaviors: Youth Vaping
- Risk Behaviors: Diabetes Prevention & Obesity
- Access to Care: Mental Health
- Community Capacity Building: Food Security

PRIORITIZED HEALTH NEEDS

At St. Catherine Hospital, we are collectively unified by our Centura Health Mission: We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities. This Mission guides and inspires our shared desire to make a difference – one whole person and one healthy neighborhood at a time. We believe that our focus on Suicides, Youth Vaping, Diabetes Prevention & Obesity, Mental Health, and Food Security will have the greatest impact on our organizational commitment to whole person health.

DISEASE & INJURY: SUICIDES

Suicides were identified as a community health need by the CHNA committee. Collectively, we aim to decrease the rates of suicide mortality and attempts for all individuals in Finney County. Key elements identified by the CHNA committee involve maximizing access to preventative and behavioral health services, promoting mental health and stigma-reduction campaigns, and conducting ongoing community outreach and training around responding to signs of suicide.

Potential resources in the community identified included the following:

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- Zero Suicide is a key concept of the National Strategy for Suicide Prevention, a priority of the National Action Alliance for Suicide Prevention, and a project of the Suicide Prevention Resource Center. Zero Suicide is built on the foundational belief that suicide deaths of individuals under care

within health and behavioral health systems are preventable, and has shown significant results at reducing suicide.

RISK BEHAVIOR: YOUTH VAPING

According to the US. Surgeon General and the U.S. Food and Drug Administration (FDA), E-cigarette/vapor product use is now considered an epidemic. While cigarette use has declined, new tobacco products, an e-cigarette/vapor products, are being introduced and marketed to youth. This has contributed to youth vaping trends rising in Finney County. The committee elevated the need to address this health priority by focusing on messaging campaigns, and elevating tobacco cessation programs. A Kansas 2020 survey also showed that "nearly nine out of ten current smokers start smoking by age 18, and 98% start by age 26. Youth tobacco use has negative health consequences including addiction and lifelong chronic disease. More than 60,000 Kansans currently under 18 years of age will ultimately die prematurely from smoking. Although we have seen a decline in the use of conventional cigarettes among Kansas youth, 5.8 percent of Kansas high school students still smoke, and emerging products including electronic cigarettes (e-cigarettes) highlight the continued need for youth tobacco control and prevention programs.

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- Preventing the initiation of tobacco use among youth and young adults
- Supporting tobacco use and dependence treatment
- Eliminating exposure to secondhand smoke and e-cigarette aerosol
- Address tobacco-related health inequities

RISK BEHAVIOR: DIABETES PREVENTION & OBESITY

According to the 2022 Kansas Diabetes Report, one dollar out of every four in US health care costs is spent on caring for people with diabetes. People with diagnosed diabetes, on average, have medical expenditures about 2.3 times higher than what expenditures would be in the absence of diabetes. In 2020, approximately 1 in 9 (11.1%) Kansas adults reported ever being diagnosed with diabetes. That's almost 245,000 Kansans. Based on the American Diabetes Association diabetes risk test, an additional 42.4% of Kansans aged18 years and older without diabetes are at an increased risk of developing the disease. Diabetes is the sixth leading cause of death in Kansas.3 People with diabetes are more likely to have serious complications from COVID-19. In general, people with diabetes are more likely to have more severe symptoms and complications when infected with any virus.

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ACCESS TO CARE: MENTAL HEALTH

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- Ability to expand clinical community linkages to help connect health care providers, community organizations, and the health department to improve patients' access to preventive and chronic care services

- Improving behavioral health service with Behavioral Health technician pilot program and expanding Integrated Behavioral Health in primary care clinics

COMMUNITY CAPACITY BUILDING: FOOD SECURITY

Although food security has improved, the cessation of benefits and extra services during the COVID pandemic, means that this is likely to worsen again in 2022. The CHNA committee would like to continue existing efforts to ensure families have enough to eat. Healthy food access, a Social Determinant of Health, has also been identified as a priority for Centura Health as a health system serving much of Colorado and western Kansas. As we listened to our communities, we heard frequently the barriers people face related to meeting their basic needs and the impacts on people's health and well-being. As a large employer and a non-profit health system, can impact access to healthy, affordable foods as an anchor institution whose mission and vision includes our communities.

Potential resources in the community identified included the following:

- The hospital provides funding to local communities to support access to healthy food options focused on high-risk populations

- Centura Health will collaborate with key organizations to reduce statewide gaps between food access program eligibility and utilization

Conclusion

EVALUATING OUR IMPACT FOR THIS CHNA

To assess the impact of our efforts in our communities, we remain dedicated to consistently evaluating and measuring the effectiveness of our implementation plans and strategies. St. Catherine Hospital will also track progress through implementation plans and community benefit reports.

IMPLEMENTATION STRATEGY

The CHNA allows St. Catherine Hospital to measurably identify, target, and improve health needs in our communities. From this assessment, we will generate an Implementation Strategy to carry out strategies for the advancement of all individuals in our communities. The Implementation Strategy will be completed by November 15, 2022.

COMMUNITY BENEFIT REPORTS

Every fiscal year, we publish our annual community benefit report that details our communities by county, their demographics, the total community benefit that we provided, and the community benefit services and activities in which we engaged. These reports are an important way to visualize the work we do in our communities and to show the programs and services we offer along with the number of people reached through them. We will continue to use these reports to track our progress with the CHNA implementation strategy because they clearly demonstrate the number of people reached through our programs and services and the resources spent to achieve our goals.

FEEDBACK FROM PRIOR CHNAS

The feedback we've received has allowed us to strengthen our interventions by improving workflows, optimizing functions in our electronic health records, and seeking solutions that deliver whole-person care.

COMMUNITY FEEDBACK

We welcome feedback to our assessment and implementation plan. Any feedback provided on our plan is documented and shared in future reports. For comments or questions, please contact:

Joseph Gonzalez Manager Mission & Ministry, josephgonzalez@centura.org

THANK YOU AND RECOGNITION

Our Community Health Needs Assessment is as strong as the partnerships that created it. It is through these partnerships that we were able to ensure we were leveraging the assets in our communities, getting the voices of those who are experiencing challenges with their health and social determinants of health and making a plan to which both the community and hospital are committed. Thank you to the following organizations which committed their time, talent and testimony to this process.

Finney County Community Health Coalition

LiveWell Finney County

Ulysses Family Physicians

Grant County Recreation Commission

Grant County Chamber of Commerce

Grant County Community Foundation

Grant County Health Department

IMPACT Ulysses

Genesis Family Health

Russell Child Development Center

Dominican Sisters Ministry of Presence and Parents as Teachers

USD 457

Garden City Police Department

Compass Behavioral Health

Finney County United Way

APPENDIX A: DATA SOURCES

Additional Measures: Health Outcomes		
Measure	**Source**	**Year(s)**
Premature age-adjusted mortality	CDC WONDER mortality data	2013-2015
Infant mortality	Health Indicators Warehouse	2007-2013
Child mortality	CDC WONDER mortality data	2012-2015
Frequent physical distress	Behavioral Risk Factor Surveillance System	2015
Frequent mental distress	Behavioral Risk Factor Surveillance System	2015
Diabetes prevalence	CDC Diabetes Interactive Atlas	2013
HIV prevalence	National HIV Surveillance System	2013

Additional Measures: Health Behaviors		
Measure	**Source**	**Year(s)**
Food insecurity	Map the Meal Gap	2014
Limited access to healthy foods	USDA Food Environment Atlas	2010
Motor vehicle crash deaths	CDC WONDER mortality data	2009-2015
Drug overdose deaths	CDC WONDER mortality data	2013-2015
Insufficient sleep	Behavioral Risk Factor Surveillance System	2014

Additional Measures: Health Care		
Measure	**Source**	**Year(s)**
Uninsured adults	Small Area Health Insurance Estimates	2014
Uninsured children	Small Area Health Insurance Estimates	2014
Health care costs	Dartmouth Atlas of Health Care	2014
Other primary care providers	CMS, National Provider Identification file	2016

Additional Measures: Social & Economic Factors		
Measure	**Source**	**Year(s)**
Disconnected youth	Measure of America	2010-2014
Median household income	Small Area Income and Poverty Estimates	2015
Children eligible for free or reduced price lunch	National Center for Education Statistics	2014-2015
Homicides	CDC WONDER mortality data	2009-2015
Firearm fatalities	CDC WONDER mortality data	2011-2015
Residential segregation—black/white	American Community Survey	2011-2015
Residential segregation—non-white/white	American Community Survey	2011-2015

Additional Measures: Demographics		
Measure	**Source**	**Year(s)**
Population	Census Population Estimates	2015
% below 18 years of age	Census Population Estimates	2015
% 65 and older	Census Population Estimates	2015
% Non-Hispanic African American	Census Population Estimates	2015
% American Indian and Alaskan Native	Census Population Estimates	2015
% Asian	Census Population Estimates	2015
% Native Hawaiian/Other Pacific Islander	Census Population Estimates	2015
% Hispanic	Census Population Estimates	2015
% Non-Hispanic white	Census Population Estimates	2015
% not proficient in English	American Community Survey	2011-2015
% Females	Census Population Estimates	2015
% Rural	Census Population Estimates	2010

HEALTH OUTCOMES		
Focus area	**Measure**	**Source**
Length of life	Life expectancy*	National Center for Health Statistics - Mortality Files
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files
	Child mortality*	National Center for Health Statistics - Mortality Files
	Infant mortality	National Center for Health Statistics - Mortality Files
Quality of life	Frequent physical distress	Behavioral Risk Factor Surveillance System
	Frequent mental distress	Behavioral Risk Factor Surveillance System
	Diabetes prevalence	United States Diabetes Surveillance System
	HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

HEALTH BEHAVIORS		
Focus area	**Measure**	**Source**
Diet and Exercise	Food insecurity	Map the Meal Gap
	Limited access to healthy foods	USDA Food Environment Atlas
Alcohol and Drug Use	Drug overdose deaths*	National Center for Health Statistics - Mortality Files
	Motor vehicle crash deaths	National Center for Health Statistics - Mortality Files
Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System

CLINICAL CARE		
Focus area	**Measure**	**Source**
Access to Care	Uninsured adults	Small Area Health Insurance Estimates
	Uninsured children	Small Area Health Insurance Estimates
	Other primary care providers	CMS, National Provider Identification

SOCIAL & ECONOMIC FACTORS		
Focus area	**Measure**	**Source**
Education	High school graduation	EDFacts
	Disconnected youth	American Community Survey, 5-year estimates
	Reading scores*+	Stanford Education Data Archive
	Math scores*+	Stanford Education Data Archive
Income	Median household income*	Small Area Income and Poverty Estimates
	Children eligible for free or reduced price lunch	National Center for Education Statistics
Family and Social Support	Residential segregation - Black/White	American Community Survey, 5-year estimates
	Residential segregation - non-White/White	American Community Survey, 5-year estimates
Community Safety	Homicides	National Center for Health Statistics - Mortality Files
	Suicides*	National Center for Health Statistics - Mortality Files
	Firearm fatalities*	National Center for Health Statistics - Mortality Files
	Juvenile arrests+	Easy Access to State and County Juvenile Court Case Counts

PHYSICAL ENVIRONMENT		
Focus area	**Measure**	**Source**
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool
	Homeownership	American Community Survey, 5-year estimates
	Severe housing cost burden	American Community Survey, 5-year estimates
	Broadband access	American Community Survey, 5-year estimates

Demographics		
Focus area	**Measure**	**Source**
All	Population	Census Population Estimates
	% below 18 years of age	Census Population Estimates
	% 65 and older	Census Population Estimates
	% Non-Hispanic Black	Census Population Estimates
	% American Indian & Alaska Native	Census Population Estimates
	% Asian	Census Population Estimates
	% Native Hawaiian/Other Pacific Islander	Census Population Estimates
	% Hispanic	Census Population Estimates
	% Non-Hispanic White	Census Population Estimates
	% not proficient in English	American Community Survey, 5-year estimates
	% Females	Census Population Estimates
	% Rural	Census Population Estimates

APPX B: ST. CATHERINE HOSPITAL & BOB WILSON - CHNA DATA

St. Catherine Hospital
Bob Wilson Memorial Hospital
Community Health Needs Assessment (CHNA)
2022-2025

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

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Identifying Local Needs:
Performing Community Health Needs Assessment (CHNA)

- IRS Requirement of all non-profit hospitals
  - Conducted every three years
  - Identify health needs with the community
- St. Catherine Hospital and Bob Wilson Memorial Values in Action Through CHNA
  - Identify health needs important to community
  - Identify areas that cannot be addressed by one organization alone
  - Leverage community strengths, fill gaps collaboratively, and catalyze transformative efforts

Activating and living our Mission in a meaningful way in our communities!

2

Next Steps

Areas of Work and Proposed Methods

- Surveys will be sent out electronically along with the presentation for additional input
- Second Community Health Needs Assessment meeting
  - Continue to discuss priorities and review ranking tool
  - Asset and gap analysis

3

Brainstorming Priorities

- Please navigate to www.menti.com and add the following code: **2800 7896**

What do you think is the most important health domain or indicator we should focus on?

What are some known areas of need and focus as they relate to the health of the community?

4

5

CHNA Process – FY2022 - 2025

Quantitative Data: Population Health Analysis	• Indicators from previous health priorities • Standard community health categories, gathered from Healthy People indicators
Qualitative Data: Discussion with Community	• Rank most pressing health issues • Identify resources related to priorities • Listen and work with community to design the Community Health Implementation Plan (CHIP)

6

Prioritization Method:

Please rank these health issues based upon the following,

Scale of 1 (low) to 4 (high)

Things to consider when ranking these health issues
- ✓ Size
- ✓ Seriousness
- ✓ Alignment with community efforts

We will calculate these scores and present the most pressing health issues at our next meeting.

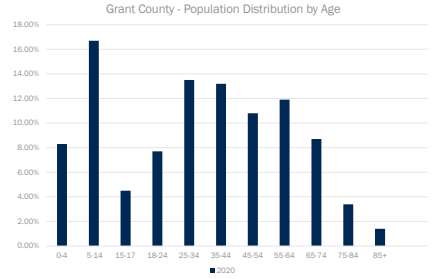
St. Catherine Hospital

Bob Wilson Memorial Hospital

7

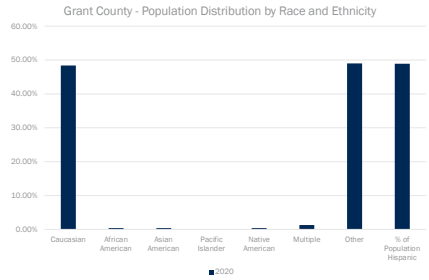
Grant County

Our Community by Age



9

Our Community by Race and Ethnicity



10

Health Outcomes & Behaviors

Health Indicator	Grant 2017	Grant 2020	State of KS 2017	State of KS 2020
Adult obesity	35.6%	35.9%	30.8%	33%
Adult smoking	15.9%	18.5%	16.9%	18.2%
Excessive drinking	15.9%	17.1%	16.9%	18.2%
Physical inactivity	22.9%	25.9%	23.5%	23.9%
Diabetes Prevalence	7.8%	9.1%	9.8%	10.5%
Asthma	-	9.5%	-	9.7%
Heart Disease Mortality	233.50	209.90	-	-
Cancer Mortality (Age-Adjusted per 100,000)	-	-	-	-

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Environment

Health Indicator	Grant 2017	Grant 2020	State of KS 2017	State of KS 2020
Uninsured Adults	22.1%	21.6%	14.4%	12.3%
Uninsured Children	10.7%	8.9%	5.6%	5%
Air pollution (avg daily particulate matter)	7.5	6	8.5	6.7
Injury Deaths (per 1,000): unintentional	2.65	3.06	3.27	3.74
Violent Crime (per 100,000) :intentional	267.4	191.7	347.69	364.51
Homicides (per 100,000)	-	-	-	5.9
Suicides (per 100,000)	-	-	-	18.5
Motor vehicle crashes (including DUI deaths per 1000): unintentional	-	-	-	-

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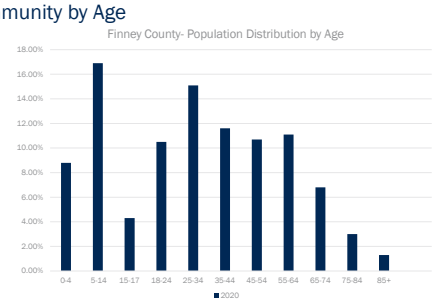
Clinical Care

Health Indicator	Grant 2017	Grant 2020	State of KS 2017	State of KS 2020
Dentists (per 1,000)	.38	.53	.53	.59
Mental Health (per 1,000)	.13	.53	1.66	2.01
PCPs (per 1,000)	.51	.53	.72	.77
FQHCs (per 100,000)	26	55	91.99	123.7

13

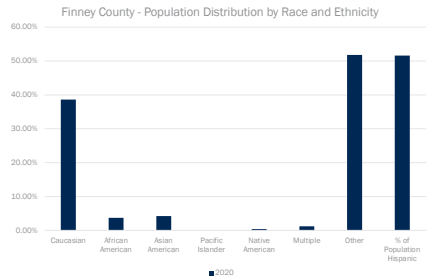
Finney County

Our Community by Age



15

Our Community by Race and Ethnicity



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Health Outcomes & Behaviors

Health Indicator	Finney 2017	Finney 2020	State of KS 2017	State of KS 2020
Adult obesity	35.2%	38.2%	30.8%	33%
Adult smoking	17.2%	19.5%	16.9%	18.2%
Excessive drinking	14.7%	15.2%	16.9%	18.2%
Physical inactivity	23.3%	28%	23.5%	23.9%
Diabetes Prevalence	9.5%	9.3%	9.8%	10.5%
Asthma	-	9.7	-	9.7%
Heart Disease Mortality	171.80	119.40	-	-
Cancer Mortality (Age-Adjusted per 100,000)	-	-	-	-

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Environment

Health Indicator	Finney 2017	Finney 2020	State of KS 2017	State of KS 2020
Uninsured Adults	23.5%	19.2%	14.4%	12.3%
Uninsured Children	7.6%	7.1%	5.6%	5%
Air pollution (avg daily particulate matter)	7.9	6	8.5	6.7
Injury Deaths (per 1,000): unintentional	3.70	3.62	3.27	3.74
Violent Crime (per 100,000) :intentional	442.3	495.3	347.69	364.51
Homicides (per 100,000)	4.6	-	-	5.9
Suicides (per 100,000)	-	13.75	-	18.5
Motor vehicle crashes (including DUI deaths per 1000): unintentional	-	-	-	-

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Clinical Care

Health Indicator	Finney 2017	Finney 2020	State of KS 2017	State of KS 2020
Dentists (per 1,000)	.58	.62	.53	.59
Mental Health (per 1,000)	1.19	1.16	1.66	2.01
PCPs (per 1,000)	.53	.68	.72	.77
FQHCs (per 100,000)	54	98	91.99	123.7

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Follow-up questions:

- Do the data align with your experience in the community?
- Which areas do we need more or updates information on to inform our decision?
- Based on the data, which areas are the biggest health priorities in the community?

20

References:

HEALTH OUTCOMES			
Focus Area	Measure	Source	Year(s)
Length of Life	Life expectancy*	National Center for Health Statistics - Mortality Files	2017-2019
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files	2017-2019
	Child mortality*	National Center for Health Statistics - Mortality Files	2016-2019
	Infant mortality	National Center for Health Statistics - Mortality Files	2013-2019
Quality of Life	Frequent physical distress	Behavioral Risk Factor Surveillance System	2018
	Frequent mental distress	Behavioral Risk Factor Surveillance System	2018
	Diabetes prevalence	United States Diabetes Surveillance System	2017
	HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018

CLINICAL CARE			
Focus Area	Measure	Source	Year(s)
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2018
	Uninsured children	Small Area Health Insurance Estimates	2018
	Other primary care providers	CMS, National Provider Identification	2020

PHYSICAL ENVIRONMENT			
Focus Area	Measure	Source	Year(s)
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2019
	Homeownership	American Community Survey, 5-year estimates	2015-2019
	Severe housing cost burden	American Community Survey, 5-year estimates	2015-2019
	Broadband access	American Community Survey, 5-year estimates	2015-2019

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References:

SOCIAL & ECONOMIC FACTORS			
Focus Area	Measure	Source	Year(s)
Education	High school graduation	EDFacts	2017-2018
	Disconnected youth	American Community Survey, 5-year estimates	2015-2019
	Reading scores*	Stanford Education Data Archive	2018
	Math scores*	Stanford Education Data Archive	2018
Income	Median household income*	Small Area Income and Poverty Estimates	2019
	Children eligible for free or reduced price lunch	National Center for Education Statistics	2018-2019
Family and Social Support	Residential segregation - Black/White	American Community Survey, 5-year estimates	2015-2019
	Residential segregation - non-White/White	American Community Survey, 5-year estimates	2015-2019
Community Safety	Homicides	National Center for Health Statistics - Mortality Files	2013-2019
	Suicides*	National Center for Health Statistics - Mortality Files	2015-2019
	Firearm fatalities*	National Center for Health Statistics - Mortality Files	2015-2019
	Juvenile arrests	Easy Access to State and County Juvenile Court Case Counts	2018

DEMOGRAPHICS			
Focus Area	Measure	Source	Year(s)
All	Population	Census Population Estimates	2019
	% below 18 years of age	Census Population Estimates	2019
	% 65 and older	Census Population Estimates	2019
	% Non-Hispanic Black	Census Population Estimates	2019
	% American Indian & Alaska Native	Census Population Estimates	2019
	% Asian	Census Population Estimates	2019
	% Native Hawaiian/Other Pacific Islander	Census Population Estimates	2019
	% Hispanic	Census Population Estimates	2019
	% Non-Hispanic White	Census Population Estimates	2019
	% not proficient in English	American Community Survey, 5-year estimates	2015-2019
	% Females	Census Population Estimates	2019
	% Rural	Census Population Estimates	2010

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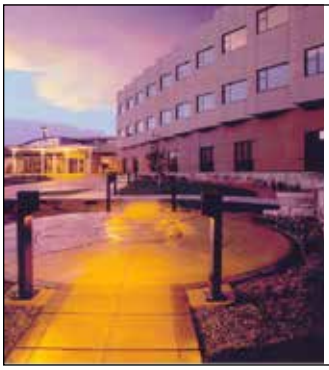

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APPX C: ST. CATHERINE HOSPITAL & BOB WILSON - CHNA HEALTH PRIORITY RESULTS

St. Catherine Hospital
Bob Wilson Hospital

Health Priority Results
04/26/2022

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

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2

Health Priority Results

Prioritization Method:

Please rank these health issues based upon the following,

Scale of 1 (low) to 4 (high)

Things to consider when ranking these health issues
- ✓ Size
- ✓ Seriousness
- ✓ Alignment with community efforts

We'll spend the next 15 minutes voting on the health priorities.

St. Catherine Hospital

Bob Wilson Memorial Hospital

4

Results: St. Catherine Priority Setting Exercise (n=27)

Health Priority	Size of Health Priority	Seriousness of Health Priority	Alignment of Health Priority
Mental Health Providers (1)	**High priority: 84%**	Very serious: 76%	Alignment with **2** of the following: City plans, Community Groups, Hospital and System strengths
Suicides (2) & Substance use (not voted on but important)	**High priority: 82%**	Very serious: 56%	Alignment with **3** of the following: City plans, Community Groups, Hospital and System strengths
Access to insurance (3) Uninsured Children Uninsured Adults	**High priority: 44%**	Very serious: 52% & 40%	Alignment with **3** of the following: City plans, Community Groups, Hospital and System strengths
Fair/Poor Health Status (4)	**High priority: 44%**	Relatively serious: 60%	Alignment with **2** of the following: City plans, Community Groups, Hospital and System strengths
Adult Smoking - Low hanging fruit - We can integrate smoking cessation resources **Youth Vaping (5)** - School districts	**Mid-High priority: 60%**	Relatively serious: 60%	Alignment with 4 of the following: City plans, Community Groups, Hospital and System strengths
Adult Obesity **May be combined with Fair/Poor Health Status**	**Mid-High priority: 56%**	Very serious: 56%	Alignment with **2** of the following: City plans, Community Groups, Hospital and System strengths

Results: Bob Wilson Priority Setting Exercise (n=7)

Health Priority	Size of Health Priority	Seriousness of Health Priority	Alignment of Health Priority
Diabetes Prevalence	**High priority: 57%**	Relatively serious: 57%	Alignment with 3 of the following: City plans, Community Groups, Hospital and System strengths
Physical Inactivity	**High priority: 57%**	Very serious: 57%	Alignment with 3 of the following: City plans, Community Groups, Hospital and System strengths
Mental Health Providers	**High priority: 57%**	Very serious: 71%	Alignment with 2 of the following: City plans, Community Groups, Hospital and System strengths
Adult Obesity Heart Disease	**Mid - High priority: 57%**	Very serious: 42%	Alignment with 2 of the following: City plans, Community Groups, Hospital and System strengths
Fair/Poor Health Status	**Mid-High priority: 85.7%**	Very serious: 71%	Alignment with 3 of the following: City plans, Community Groups, Hospital and System strengths

6

Next steps

Establish a Committee to develop the Community Survey

- Recommendations
  - Languages
  - Financial incentives
  - How to advertise and distribute
- Survey champions
- Appropriate # of responses
  - Target population
  - Target area, zip-code
- How will this information help your organization?

Health Prioritization Results

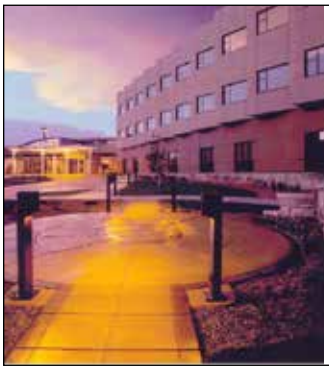
- Do the data align with your experience in the community?
  - Which top three areas are we most aligned to affect change?
- Which areas do we need more or updates information on to inform our decision?

7

CHNA Timeline

Areas of Work and Proposed Methods

8



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